

**Clinical Practice Guideline
U. S. Coast Guard
2004 – 2005
(Review every two years)**

Hypertension

1. **PURPOSE.** In striving to improve the quality of care and to promote effective and efficient healthcare, Coast Guard Health Services Departments will adopt clinical practice guidelines that are linked to a peer review process. Clinical practice guidelines must meet two criteria: 1) be directly linked to health outcome(s), and 2) have a relative impact on frequent conditions with a substantial burden of patient suffering.
2. **DEFINITION.** The Sixth Report of the Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure 1997 (JNC-VI) defines hypertension as finding systolic BP ≥ 140 and or diastolic BP ≥ 90 in a seated individual, determined by two independent BP readings on two separate occasions. **The ICD-9CM code is 401.0.**
3. **COAST GUARD PHYSICAL STANDARD.** The Coast Guard Medical Manual (COMDTINST M6000.1B) defines medical conditions and physical defects that are causes of rejection for military service.
 - a. COMDINST M6001B Chapter 3 D.20.b cites hypertensive vascular disease evidenced by the average of three consecutive diastolic BP readings greater than 90mmHg or three consecutive systolic BP readings greater than 140mmHg at any age. High Blood Pressure requiring medication, or a history of treatment including dietary restriction is also disqualifying for appointment, enlistment, or induction.
 - b. COMDINST M60001B Chapter 3 F.10.c.2 specifies the retention standards for active duty and reserve personnel with the diagnosis of hypertension.
4. **MINIMUM WORKUP.** This will include appropriate medical history, physical examination, and ancillary testing.
5. **MANAGEMENT.**

Coast Guard providers will utilize the DoD/VA Clinical Practice Guidelines found at www.OQP.med.va.gov/cpg/cpg.htm. The Hypertension Management Algorithm may be used as a quick reference guide.
6. **PEER REVIEW TOOL.** This checklist is based upon the clinical practice guidelines and will be used to enhance the peer review chart process.

**Coast Guard
Peer Review Instrument
V04.18.05**

HYPERTENSION

Standard	Met	Not Met	Not Applicable - Why?	Comments:
1. A recommended follow-up visit (no less than every 6 months).				
2. Patients with additional cardiovascular risk factors** are identified and managed aggressively until blood pressure normalized.				
3. Documented follow-up evaluation of EKG, serum electrolytes, UA, BUN or creatinine, FBS, and lipids (when clinically indicated according to co-morbidity and specific drug therapy).				
4. Blood pressure recorded at each visit and rechecked if abnormal.				
5. A treatment plan documented in a "SOAP" entry, to include dietary and lifestyle modification instructions.				
6. Cardiovascular/pulmonary evaluation and fundoscopic exam at least once a year (more often if BP is not controlled or if there is evidence of end-organ damage*).				